

Fill in this information to identify the case:

Debtor 1 Gloria Ruiz
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Middle District of Pennsylvania

Case number: 02-00913

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Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$9,384.34
Claimant's Name:	Grace Recovery Center, LLC
Claimant's Current Mailing Address, Telephone Number, and Email Address:	9509 Waterman Dr. Aubrey, TX 76227 714.552.1034 gracerecoverycenterusa@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee. Doc 98 Filed 12/09/21 Entered 12/09/21 14:46:15 Desc Main Document Page 1 of 3

4. Notice to United States Attorney

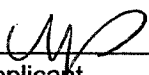
☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Middle District of Pennsylvania
William J Nealon Federal Bldg & Courthouse
235 N Washington Ave, Ste 311
Scranton, PA 18503

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 12/6/21


Signature of Applicant

Rosa Petritz

Printed Name of Applicant

Address: 9509 Waterman Dr
Aubrey, TX 76227

Telephone: 714.552.1034

Email: gracerecoverycenterusa@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

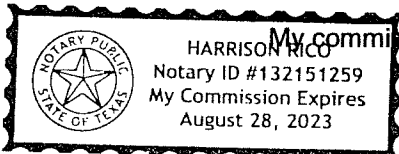
STATE OF Texas

COUNTY OF Denton

This Application for Unclaimed Funds, dated 12/6/2021 was subscribed and sworn to before me this 6th day of December, 2021 by

Rosa Petritz
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public 



My commission expires: 08/28/2023

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires: _____

UNITED STATES BANKRUPTCY COURT
Middle District of Pennsylvania

In Re: Gloria Ruiz

CASE NO. 02-00913

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CERTIFICATE OF SERVICE

The undersigned certifies on December 6, 2021, a copy of the Application for Payment of Unclaimed Funds, was deposited in an enclosed, properly addressed postage paid envelope, and served
by US First Class Mail upon the following:

Office of the United States Attorney
Middle District of Pennsylvania
William J Nealon Federal Bldg &
Courthouse
235 N Washington Ave, Ste 311
Scranton, PA 18503

Date December 6, 2021



Signature

Printed Name: Rosa Petritz

Certificate of Service for Application for Payment of Unclaimed Funds